



# TOWN OF BERWYN HEIGHTS

5700 Berwyn Road  
Berwyn Heights, MD 20740  
Tel. (301) 474-5000 Fax (301) 474-5002

## SMALL BUSINESS RELIEF FUND APPLICATION

**Instructions:** Please complete the following application in its entirety and submit along with all supplemental and Required Documents. Please see Eligibility Checklist to ensure eligibility of application for grant funds.

### CONTACT INFORMATION

Your Name

Business Name

Doing Business As (DBA)

Business Phone

Website

Business Email

Primary Business Address

Contact Person

Name

Phone

Email

### YOUR BUSINESS

Sector or Industry of your business

- ☐ Agriculture/Mining/Utilities
- ☐ Communications
- ☐ Engineers/Architects
- ☐ Government
- ☐ Insurance
- ☐ Manufacturing
- ☐ Personal Services
- ☐ Retail/Wholesale
- ☐ Business Services

- ☐ Computers/Data Processing
- ☐ Financial Institutions
- ☐ Hospitality (i.e. restaurants, hotels, etc.)
- ☐ Law Firms
- ☐ Medical
- ☐ Real Estate
- ☐ Transportation
- ☐ Other

Product or service provided

NAICs Code

Federal Employer Identification # (EIN)

Taxpayer Identification # (TIN)

State Tax Registration #

State of Maryland Business License #:

Town of Berwyn Heights Business License #:

**Form of Organization**

☐ Private      ☐ For Profit      ☐ Non-profit (*Explain*)

**Entity Type/ Form of Ownership**

☐ Independent Contractor      ☐ Sole Proprietorship      ☐ Limited Liability Corporation (*LLC*)  
☐ Single-Member LLC      ☐ Partnership      ☐ S-Corporation  
☐ 501c3 nonprofit      ☐ Cooperative      ☐ Other

**Business Established Date****Number of W2 Employees (*Full Time*)****Number of W2 Employees (*Part Time*)****Is your company recognized as any of the following? (*Select all that apply*)**

☐ Small Business      ☐ Minority Owned      ☐ Woman Owned      ☐ Veteran Owned      ☐ Disabled Owned

**Are you a franchise?**

☐ Yes    ☐ No

**If yes, are you independently owned and operated?**

☐ Yes    ☐ No    ☐ Not applicable

**Are you a seasonal business?**

☐ Yes    ☐ No

**If seasonal, what is your busiest season?**

☐ Winter    ☐ Spring    ☐ Summer    ☐ Fall

**Business Banking****Bank Name****Aba/routing number****Account number****Account Type****What was your year to date revenue as of June 30, 2019?****What was your estimated year to date revenue as of June 30, 2020?****Are you a home-based business?**

☐ Yes    ☐ No

**Is the Town of Berwyn Heights the primary location or headquarter location for your business?**

☐ Yes    ☐ No

**If no, what City and State is your business headquarters located in?****Ownership- List all business owners**

Name	Title	% of Ownership	SS#

## COVID-19 Safety Compliance

Was your business visited by an inspector on behalf of Prince George's County for Compliance with COVID-19 Safety Protocol (Notice of Inspection Tier 1/ Tier 2)?

☐ Yes: Date ☐ No ☐ Not Certain

Was your business in full compliance with the requirements at this COVID-19 Safety Protocol Inspection?

☐ Yes ☐ No ☐ Not applicable

If not in full compliance at the Tier 1 COVID-19 Safety Protocol Inspection phase, did you follow up inspection result in any of the following (check all that apply):

☐ Fine imposed ☐ Corrective action plan issued ☐ Shut down pending compliance  
☐ None of the above/ Not Applicable

## COVID-19 ASSISTANCE

Have you applied for the Prince George's County Covid-19 Business Relief Fund/ Business Recovery Initiative? (If "yes", please provide additional details)

☐ Yes ☐ No

Date applied

Approved or Denied

Reason for denial

Amount received

Date funds were received

Have you applied for and received Covid-19 assistance through any of the following programs? (Select all programs for which you applied; Enter amount if funds were received)

	Amount received
<input type="checkbox"/> Prince George's County Covid19 Business Relief Fund	
<input type="checkbox"/> Maryland Small Business Covid-19 Emergency Relief Fund	
<input type="checkbox"/> Small Business Administration Paycheck Protection Program	
<input type="checkbox"/> Small Business Administration Economic Injury Disaster Loan (EIDL)	
<input type="checkbox"/> Small Business Administration Economic Injury Disaster Loan (EIDL) Advance	
<input type="checkbox"/> FCS First Legacy Fund	
<input type="checkbox"/> Other, e. g. any other state program, an industry specific fund	

Program Name

Amount received

Have you requested/received relief from landlord, lender, or another creditor?

☐ Yes ☐ No ☐ Requested, but not received

If yes, enter date and amount

Creditor

Amount \$

Date

## COVID-19 IMPACT

Were you deemed an Essential Business as defined by Governor Hogan's Executive Order?

☐ Yes ☐ No

Have you been able to remain open since March 30th, 2020?

☐ Yes ☐ No

If you were not able to remain open, please provide the date of closure and date of reopening

Date of close

Date of reopen

☐ Not applicable

To what capacity have you been open?

☐ Less than 10% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

From March 30th, 2020 to June 30th, 2020, what has been the estimated percent revenue loss that you have experienced?

☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

How many employees did you have prior to Covid-19?

Full time

Part- time

1099

How many employees do you have currently?

Full time

Part- time

1099

## BUSINESS RECOVERY AND CONTINUITY

Statements of Justification for Request *(Provide a written response to each of the following questions. Attach additional sheets where necessary or required)*

Please describe how your business was impacted by COVID-19. Description may include closures, staffing issues, loss revenue, etc.  
**Must attach documents to support claim of business disruption.**

Estimate the amount of loss revenue suffered

Please briefly explain how funds granted would be used to meet your needs for business recovery and continuity. Grant funds may be used for expenses such as payroll, rent, fixed debt payment, suppliers, inventory, marketing costs and other business critical cash operating costs.

How many jobs could grant funds help retain or restore for your business?

What processes were put in place to effectively reopen your business and transition employees back to work?

What practices have been put in place to adhere to current safety and social distancing guidelines? What trainings, if any, did your employees complete in order to return to work prepared to adhere to those guidelines?

What communication tools and platforms does your business use to communicate with its clients and other key stakeholders?  
(i.e. websites, email, newsletters, social media, signs, virtual meetings, etc.)

What strategies, new products or services has your business adopted or plans to put in place for continuity and long-term sustainability?

## DISCLOSURES

Please list any unpaid taxes below:

Federal:

Type	Amount	Past Due:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	Payment Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State:

Type	Amount	Past Due:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	Payment Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Local:

Type	Amount	Past Due:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	Payment Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have any outstanding debts with the Town of Berwyn Heights?

☐ Yes ☐ No

If "yes":

Type	Amount
<input type="text"/>	<input type="text"/>

Are there any outstanding, pending or anticipated claims, judgments, liens or litigation against your business? ☐ Yes ☐ No  
(If "yes", please attach explanation)

### CERTIFICATION BY APPLICANT

I certify that all information in this application and in the attached exhibits, attachments, and addendums are true and complete to the best of my knowledge, information, and belief. The undersigned agrees that the tax information provided to the Town of Berwyn Heights is identical to what was submitted to the IRS. Further, I/we agree not to engage in employment practices which deny equal employment rights to persons by reason of (i) political or religious opinion or affiliation, marital status, race, color, creed or national origin; (ii) sex or age, except when sex or age constitutes a bona fide occupational qualification; or (iii) physical or mental disability of a qualified individual with a disability. I/we agree to comply with the State's policy of maintaining a drug and alcohol-free workplace. I/We hereby authorize all involved in this project to exchange freely without further authorization and consent, any and all financial information and reports provided in connection with this application and the processing of the grant request. The undersigned agrees that banks, State agencies, IRS and other sources are hereby authorized now, or anytime in the future, to give the Town of Berwyn Heights, or their assigns and successors, any and all information in connection with matters addressed in this application, including information concerning the payment of taxes by the applicant. The undersigned agrees to notify the Town of Berwyn Heights immediately, and in writing of any change in name, address, or employment of any material adverse change in any of the information contained in these statements. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fails to notify the Town of Berwyn Heights as required above, or if any of the information herein or in the statement should prove to be inaccurate or incomplete in any material respect, the Town of Berwyn Heights may declare the application for funding invalid and denied. I understand that funding is provided on a needs basis for businesses. I also certify that I will provide W-9 and all required forms to be submitted with this application for tax verification purposes. I understand this to be important for receiving payment.

Initial: \_\_\_\_\_

I certify that the business has been negatively impacted by the Covid19 declared state of emergency (i.e. was temporarily shut down, was required to reduce hours, has had at least a 10% drop in revenue, has been materially impacted by employees who cannot work due to the outbreak, or has a supply chain that has materially been disrupted and therefore slowed business-level production

Initial \_\_\_\_\_

I, the undersigned, hereby confirm that in applying for the Town of Berwyn Heights Small Business Relief Fund, I have not received grant funding from Prince George's County's Covid19 Business Relief Fund. I understand that receipt of funds from

Initial \_\_\_\_\_

The applicant(s) and/or the business concern has/have read all of the above and agree(s) to abide by same, evidenced by the executed signatures below

Signature

Title

Date

Please be sure to include the additional attachments required.

Submit application to [code@berwynheightsmd.gov](mailto:code@berwynheightsmd.gov) or mail to Town of Berwyn Heights Code Compliance Department 5700

Berwyn Road Berwyn Heights, MD 20740 (301)-513-9331